

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare: My residence, post office address, and citizenship are as stated below next to my name. I believe that I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: MEDICAL APPLICATION OF OXIDIZED MONOTERPENES the specification of which is attached hereto.

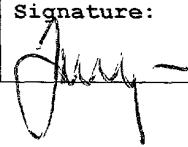
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR §1.56.

I hereby appoint Heath W. Hoglund, Reg. No. 41,076, as my patent attorney with full power of substitution to prosecute the above-identified application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to:

**Customer Number 24,496**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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